

Department of Public Health  
and Human Services

Section:  
MEDICAID SERVICES

FAMILY MEDICAID

**DRAFT**

Subject:  
Essential for Employment

**Supersedes:** FMA 802-1, 07/01/05

**References:** ARM 37.82.101 and 37.85.206

**GENERAL RULE**--Basic Medicaid recipients may request "Essential for Employment" Medicaid services to seek, accept, or maintain employment, or participate in a WEX placement. The services requested are those services excluded under Basic Medicaid coverage. Basic Medicaid is the coverage provided to adult Medicaid recipients who are age 21 through 64, not pregnant and not blind or disabled according to Social Security criteria.

## **POLICY**

1. The recipient must verify current employment, an offer of employment, be actively seeking employment, or be actively participating in a WEX placement;

**NOTE:** Attending college does not qualify an individual for Essential for Employment services. The individual must meet the criteria in number one, above.

2. The medical service must be necessary in order for the recipient to apply for, accept, or maintain employment, or to participate in a WEX placement;

**NOTE:** For dental service requests, the initial exam, x-rays and teeth cleaning are not covered under the Essential for Employment program.

3. Other available resources should be explored (community resources such as the Lion's Club, community health centers, Vocational Rehabilitation, etc.). However, availability of these resources is not a reason for not submitting an Essential for Employment request;

The following questions should be addressed:

- Can the recipient work out a payment plan with the medical provider? If yes, will the payment be a hardship to the recipient? If the payment will be a hardship to the recipient, an Essential for Employment request should be submitted.

- Can the recipient obtain services with the help of churches, family members or friends?
- Are there any other reasonable accommodations that can be made to allow the recipient to accept the employment offer?

**NOTE:** Supportive service funds **cannot** be used to pay for medical services.

## PROCEDURE

1. The recipient/eligibility case manager and Medicaid provider must complete the 'Medicaid Services Essential for Employment' form (HCS-782). The recipient, the Medicaid provider and the county director/designee must sign the HCS-782.

**NOTE:** A signed treatment plan or other documentation detailing the needed service, including specific procedure codes, should be attached. If this information is provided, the Medicaid provider is not required to sign the HCS-782. Dental requests will not be processed unless all procedure codes are either included on the HCS-782 or on an attached treatment plan.

If the county director/designee has not signed the HCS-782, it will be returned to the county office *without* being screened for eligibility.

If **more than one service is required *and* more than one Medicaid provider will be completing the services**, (i.e., dental extractions and dentures) a separate, completed and signed HCS-782 is required for each provider. If one Medicaid provider will be completing all requested services, only one HCS-782 is necessary.



2. **The HCS-782 (all four copies of both pages) is then submitted to the TANF E & T Specialist at the Public Assistance Bureau (PAB) in Central Office at:**



DPHHS/PAB  
PO Box 202925  
Helena MT 59620-2925



**NOTE:** Completed HCS-782 forms must be sent to the above address, and not the address listed on the form. Sending requests to the address listed on the form will cause a delay in processing. Revised forms will be available soon.

**NOTE:** Information relevant to the request (i.e., paystubs, verification of job offer, copy of driver's license showing that glasses are required to drive, job search records or copy of FIA/EP, etc.) should be attached to the HCS-782 prior to sending it to PAB Central Office. Processing may be delayed if this information is not included with the HCS-782.

► The TANF E & T Specialist/designee and a Medicaid Services program officer will then screen the request.

► Based on the type of job and information provided, the TANF E & T Specialist/designee will determine if the requested service is "essential for employment" and if the individual qualifies for Essential for Employment services (as defined earlier in this section), and will sign the HCS-782, providing justification for request approval or denial. The Medicaid Services program officer will determine if the service is Medicaid payable and if the recipient meets the requirements for services (i.e., has it been at least 24 months since last pair of glasses, has prescription changed by at least .50 diopters, etc.) and will sign the HCS-782, either approving or denying the Review of Coverage section.

A. If the **request is approved** as both Essential for Employment **and** Medicaid payable:

► The TANF E & T Specialist then signs the form. The specialist retains the goldenrod copy and forwards the remaining copies and any verification to the county office.

The eligibility case manager retains the white copy in the case file and sends the yellow and pink copies to the recipient.

The recipient must take the pink copy of the HCS-782 to his/her Medicaid provider who will attach it to the claim when filed.

**NOTE:** The provider must submit the claim for payment to Medicaid Services Bureau at:

Child and Adult Health Services Division  
PO Box 202951  
Helena MT 59620-2951

**If the claim is sent directly to ACS instead,  
it will be denied as not covered under Basic  
Medicaid.**

- B. If the **request is denied** for either Essential for Employment or Medicaid criteria:

The TANF E & T Specialist/designee signs the HCS-782 denying the request, retains the goldenrod copy and forwards the remaining copies to the county office with an explanation of reason for denial.

The eligibility case manager will retain the white and pink copies in the case file and will send the yellow copy to the recipient with notification of denial.

The recipient has the right to appeal a denial at a fair hearing.

Most requests will be approved or denied within 10 working days from the date the request is received at PAB Central Office.

EXCEPTION: Essential for Employment requests for durable medical equipment (i.e., braces, wheelchairs, etc.) may take longer than 10 working days for approval/denial.

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